

## A PUBLIC HEALTH PROBLEM IN FRANCE \*

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## FRANCE

Beginning with the winter of 1916, there arose a problem consequent to the war and the German occupation of Northern France which has had most far-reaching effects. At that time, the question of food became particularly acute in the occupied regions, and for that reason the evacuation of the unfit or useless of the civil population was decided on. By way, then, of Belgium, where there is a stop of from three days to three months, through Germany and Switzerland, with a stop of three hours at Bern, thence into France, have come constantly, with short interruptions, from 1,100 to 1,300 persons a day, of whom from 30 to 40 per cent. are children. At Evian, on the shore of Lake Geneva, is made the first stop in France. Here the *rapatriés* are first welcomed to their own country, and a redistribution made, the Préfets of the various departments having filed previously with the Minister of the Interior the number of persons whom they can accommodate. This system of repatriation has been most thoroughly organized by the French Government with the aid of private organizations, notably the Comité de Lyon.

## DIFFICULTIES ENCOUNTERED

The difficulties of facilitating the passage of 1,300 persons a day through a village of 2,000 inhabitants may readily be imagined. Fortunately, large enough buildings for the vast amount of clerical detail necessary to the ticketing, billeting, overnight housing, repatriation, redistribution, military intelligence, civil intelligence and similar agencies were available. And with the arrival of this number in two convoys, one in the morning and the other in the evening, it has been possible to accomplish this extraordinarily difficult task. It is not necessary to go further into detail in regard to these aspects of the *rapatrié* situation, for they have been efficiently covered in various popular articles. To the profession, it is the medical problems offered which are of the greatest interest.

## PUBLIC HEALTH PROBLEMS

These same medical problems were, extraordinarily enough, however, first recognized by a lay person, Mme. L. Gillet-Motte of Lyon.

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For some months after the opening of this war-immigration station the medical supervision was most perfunctorily and carelessly done. A sick person was seen if he made known that he was ill, but the great problem of preventive medicine—of protecting the interior of France from the dangers of such a floating population, all potential carriers of disease—was left untouched. Through the efforts of Mme. Gillet the French Government consented to send to Evian, for the installation of an efficient medical service for the *rapatriés*, a capable physician, trained in public health problems. In Major P. Armand-Delille, Medical Corps, French Army, whose work before the war in the great problems of tuberculosis, in teaching and in the laboratory, since the war at the camps of the French army at the front, in the epidemics of Salonica, was found one of the advanced thinkers of the French medical profession. With this appointment came the opportunity of the American Red Cross, and especially of the Children's Bureau. Dr. William Palmer Lucas, Chief of this bureau, had had presented to him practically as his first problem in child welfare work in France, that of the *rapatrié* children—wherever they were, but especially on their entrance into France, in other words, Evian—the “Ellis Island” for this group of immigrants.

#### AN EFFICIENT ORGANIZATION EVOLVED

Since the word at this station is mainly one, namely, “speed,” the problem resolved itself, even more essentially than when an efficient and moderately lengthy quarantine is possible, into one of preventive rather than individual medicine. Working in close cooperation, Drs. Armand-Delille and Lucas have evolved an organization so calculated that a very efficient “net,” so to speak, for infectious diseases has been drawn across this frontier. The adult problem, which has been handled entirely by the French service, has developed mostly into one of the prevention of the entrance of tuberculosis into France, either as the flagrant third stage of the disease or in its earlier manifestations. The question of the various other adult contagions such as typhus, typhoid, smallpox and similar infections, is negligible in comparison. This is due in part to the German medical supervision before departure, a more or less close observation if there is a sojourn in Belgium, a hurried supervision on the train, and a superficial examination by the Swiss physicians at Bern. Finally, in Evian there is an installation for the bathing of all *rapatrié* entries, the disinfection in the regulation French army autoclaves of all their clothes and belongings, and also an observation of the *rapatrié* himself by a medical officer.

## EXAMINATIONS BY THE MEDICAL SERVICE

Following the ticketing of the *rapatriés*, by which means they are notified of their destination on leaving Evian, and of the location of their lodgings in Evian, they pass one by one the medical service. For the adults this observation includes a direct questioning of each individual *rapatrié* as to the condition of his past and present health, as to that of his family, and finally as to the condition of health in the neighborhood from which he comes. If there is anything at all suspicious, especially in relation to tuberculosis, he is drawn out of the line and sent to an examining room where specialists are assigned to make the necessary chest and other examinations. A system of hospitals has been established in Evian and nearby towns to accommodate the various categories of patients thus selected, namely, for acute conditions, for example, respiratory, kidney or other infections, for incapacitated old people, for pulmonary diagnosis and ultimate redistribution into established hospitals for the treatment of the various stages of pulmonary tuberculosis, for the two main skin diseases, scabies and impetigo, and for the contagious diseases of adults other than tuberculosis.

## SCOPE OF EACH MEDICAL EXAMINATION

As can be seen, in this way the outlines of the organization are formulated. There then remain the conditions immediately related and hindering or aiding this system. They are, unfortunately, mostly the former. In the first place, a very quick passage through Evian is necessary. The village is too small to allow of an efficient quarantine, and an inefficient quarantine, one not allowing of effective isolation and observation, would be naturally worse than useless. The agglomeration of people is always dangerous. If they are originally subject to suspicion from a contagious standpoint and are also in a more or less poorly resistant state of health, conditions could easily become deplorable.

## THE HOUSING PROBLEM

A second factor, then, with a most direct relation to the prevention of the propagation of disease, is the housing problem. It is necessary to have in Evian constantly accommodation for from 3,000 to 5,000 persons. This is made up of three categories: (1) persons awaiting members of their families in hospitals; (2) persons obliged to await news from relatives who reclaim them in one part or another of France, and, (3) finally the regular daily convoy, with its quota which must be housed for at least twenty-four hours. Naturally the difficulties are enormous, involving the question of actual hygienic lodgings, of bed linen, of adequate disinfection and cleansing of clothing and linen, of the many, many details incident to a floating population of

that size. One can never attain perfection, but certainly the medical service of the *rapatriés* has accomplished a most admirable result with the help of the American Red Cross in the supply of necessary materials for the perfection or partial perfection of an ideal.

#### CHILD REPATRIATION

It is now possible, after showing briefly the general plan of the *rapatrié* service, to take up the particular problem as shared by the American Red Cross. This is the one of the child *rapatrié*. Dr. Lucas in his capacity as government-appointed Medical Chief of the service for *rapatrié* children has installed at Evian, in collaboration with Dr. Armand-Delille, an organization designed to handle effectively this opportunity. As I have said, our problem is, as with the adults, one of contagions, but in its way much more diverse than that of the adults. In other words, the number of contagions to which the age of childhood is subject is very much greater. We are obliged to prevent the entrance of varicella, diphtheria, scarlet fever, measles, pertussis, epidemic parotitis—in a word, the whole list of the exanthems. To see twice a day, within two and one-half hours, the time allowed, from 200 to 400 children; to rapidly examine the exposed skin surface, the teeth, mouth, pharynx, palpate the glands, and to form an opinion of the condition of that child from a public health standpoint is indeed a work which taxes one's ability to the utmost, especially if he is one who recognizes the responsibility resting on his shoulders. He is the sieve; it behooves him to have the meshes very fine. A suspicious or flagrant case of contagious disease discovered in this examination is then sent to the American Hospital.

#### THE AMERICAN HOSPITAL

This hospital, established in a former summer hotel, accommodates 180 patients. We were fortunate in finding a location well supplied with water, with bathrooms, service rooms, excellent kitchens, and with a separation of rooms and corridors capable of allowing of the grouping of patients into isolated wards. A cubicle system, by means of washable curtains, has been installed, to facilitate, as much as possible, the work of the nurses in effectively isolating each patient even in the same ward. Naturally, next to the task of discovering and sending to the hospital patients who have contagious diseases, probably the most important one is to prevent cross-infections. This is hard enough at best with the most perfect equipment and highly trained help. In a war-time hospital, one improvised within three weeks, to handle such a problem of contagious disease, one naturally employing other than graduate nurses, we feel justly proud of a percentage of cross-infec-

tions of less than 2 per cent. of over 1,300 entries since Nov. 5, 1917. The grouping of the first half of this series of cases is shown in Chart 1.

#### CLASSIFICATION OF THE PATIENTS

Naturally the children's service at Evian can only hold cases actually infected or suspicious of infection in the hospital. Among the most important reasons for this is the need of evacuating almost as

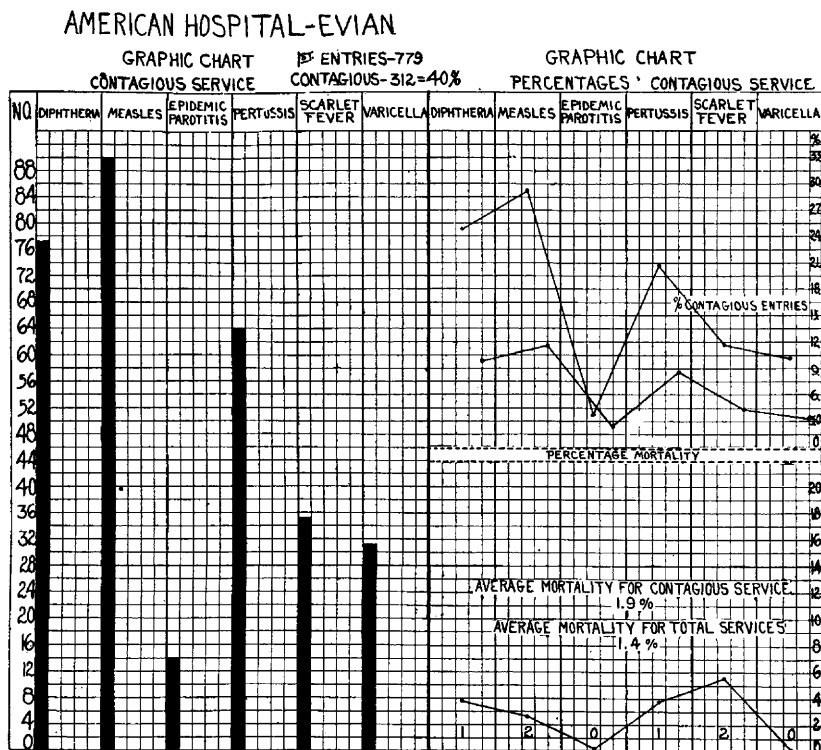


Chart 1.—Graphic summary of the cases received in the contagious service at the American Hospital. The average mortality for the contagious service was less than 2 per cent.

rapidly as entrance is made into Evian. Our first inspection is all that is possible, except in two other categories of cases: (1) those patients capable of absolute control, and (2) patients with whom only partial control can be carried out.

The *first group* constitutes the class of orphaned or abandoned children passing Evian with the convoys. These are all ultimately destined for the orphanages of the city of Lyons. On the estate occupied by the hospital a villa accommodating forty beds was available. With

this at our disposal and the setting aside of a portion of the hospital to serve as an admitting ward, a period of from eight to ten days was considered sufficient to eliminate a large proportion of contagious diseases from admittance to Lyons. With the same cubicle system as employed in the remainder of the hospital all orphans are admitted to this ward, isolated for three days, during which cultures for the presence of carriers of diphtheria are made, a prophylactic of diphtheria antitoxin administered, and a vaccination against smallpox made. They then pass to the villa for an isolation, at least as regards any other children, for the remainder of the period. Then in sanitary cars they are sent to Lyons. Since the installation of this service 250 orphans have been thus cared for without a single case of infectious disease being transmitted to Lyons. It can easily be seen that under such ideal conditions, comparatively speaking, all diseases of this nature might be prevented, but naturally it is only a small group capable of such treatment. For the great mass it is not feasible.

The *second group*, which may be partially protected, rests in those children awaiting their parents ill in hospitals in Evian. They are consigned to villas rented for the purpose under the care of the Comité de Lyons. Our relationship with them consists in a medical supervision and the administration to every entry of a prophylactic against diphtheria. Further than that we cannot go. A quarantine is not permitted. They are allowed to visit their parents in hospitals, to roam the streets, to visit the convoys as they arrive in search of friends, in other words, so to place themselves subject to contagion that no responsibility could be accepted by the American service. Nevertheless, we accomplish something, and as every one who works in France must sooner or later know, he is not at home, it is not his country, their laws are not our laws, their psychology not our psychology. Compromise, not unalterable methods, is needed to serve.

#### THE PSYCHOLOGIC SIDE OF THE WORK

In regard to psychology, it is here perhaps appropriate to speak of this aspect of the *rapatrié* situation in its relation to medicine. It is a distinctly peculiar and isolated one—one not to be encountered any other place in France or in the world. Arriving in Evian after three years without news, separated from family and friends, forced to leave their homes and belongings, they are immediately confronted, for example, with the statement that their child has a contagious disease and must be segregated; then the reaction is intense. It is intense with a French woman in ordinary situations. Make her a *rapatrié* French woman and a new and powerful influence is presented. To the tact and discretion of the workers on the American service has been due

the possibility of our accomplishing our work, but it has meant compromise. For instance, in spite of our hospital being essentially a contagious one, with all the difficulties which that entails, one must allow visiting hours—and frequently. It is a responsibility we do not care to take, but is obligatory, by reason of this same peculiar psychology. However, by means of careful observation on the part of the nurses, the wearing of long gowns and of caps for the hair, the washing of the hands before and after visiting a child, it has been possible. An appreciation of this distinctive psychology of the *rapatrié* is necessary for

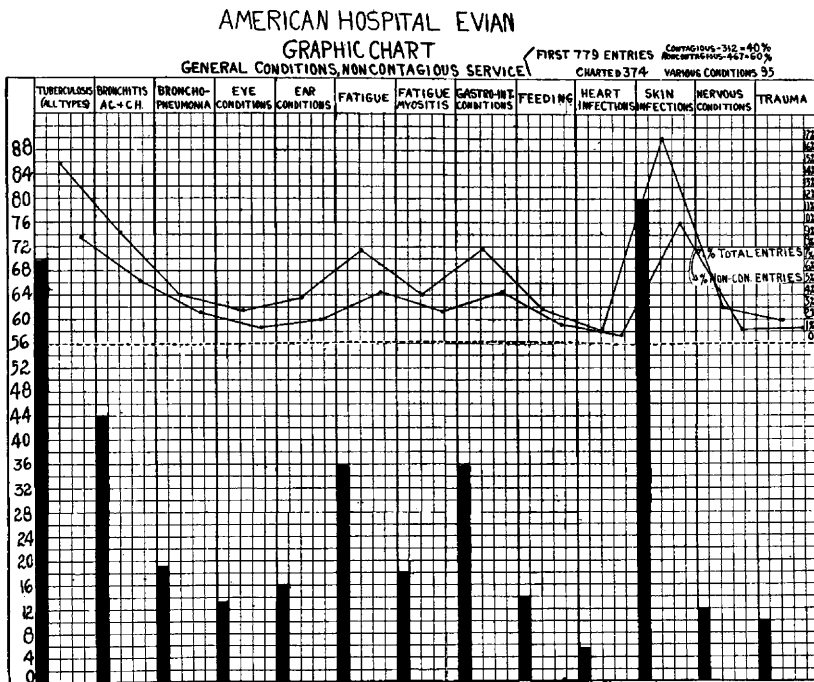


Chart 2.—Graphic record of the conditions observed in the noncontagious service at the American Hospital. The wide range of conditions which this chart covers should be especially noted.

the work among them. Clash with medicine and especially preventive medicine it certainly does; nevertheless it is an influence so strong that it cannot be disregarded.

#### JUDGMENT NECESSARY IN SELECTING PATIENTS FOR TREATMENT

Naturally, as one watches his file of children pass day by day, many cases, noncontagious certainly, but much in need of hospital treatment, are found. Judgment is necessary in choosing them, for the holding of one child usually means a family of six or eight who must be lodged

for the period of hospitalization. Nevertheless, we have been able to care for a considerable number of cases of noncontagious disease covering a fairly wide range of conditions (Chart 2).

For the ambulatory patients a general dispensary, which has seen an average of twenty-five children a day, is established near the hospital. Here are brought by means of ambulances with a nurse the many slight infections and traumas incident to the voyage, and also those cases suspiciously suggesting a general condition of one sort or another, particularly tuberculosis.

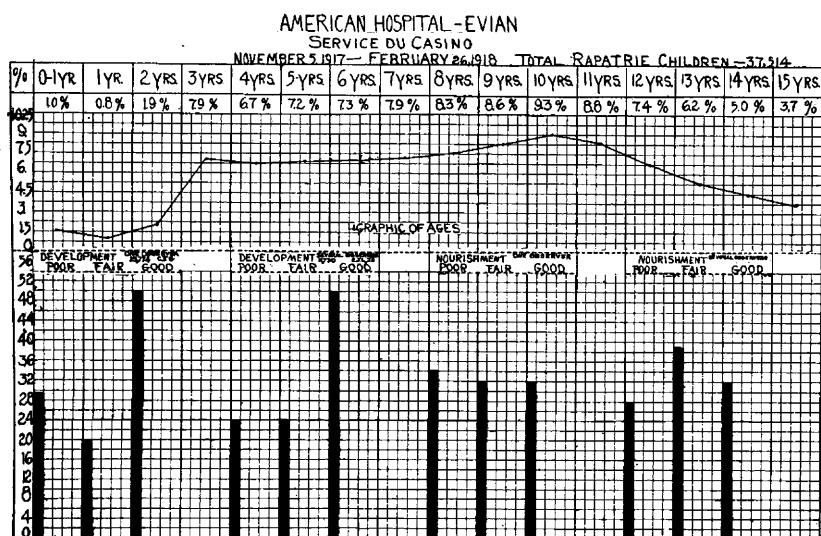


Chart 3.—General survey of the ages, nutrition and development of the children treated at the American Hospital from Nov. 5, 1917, to Feb. 26, 1918.

#### SUPERVISION OF THE FAMILIES

In conjunction with the adult service, for every case of tuberculosis in a child, no matter what type, requiring hospitalization, first at the American Hospital in Evian, later the convalescent hospital of the Children's Bureau at Lyons, and ultimately for a tuberculosis hospital such as is maintained by the same bureau at Cavalaire on the shore of the Mediterranean, an *affiche* is made out which will be sent to the Préfet of the department to which the particular family is directed. He, in his turn, will thus have data relative to his new population, and also will be able to furnish details to the local physicians. This method is employed not only for our patients coming for examination to the dispensary and showing evidence of active tuberculosis, but also for those hospitalized for a short period at Evian and refusing a longer hospitalization. As an active adjunct of the general dispensary, a



dental dispensary is maintained which forms a most satisfactory part of our work in attempting to relieve actual individual necessities. To this dental dispensary are sent the children of families who are to remain in Evian for some days; that is, the orphan class previously mentioned, before they are sent to Lyons, and the noncontagious patients in the hospital before they are discharged. This we feel to be one of the most constructive of the divisions of our work. We are exceedingly fortunate in having in the person of Dr. Raymond Watson of Waltham, Mass., a man most peculiarly fitted for this situation.

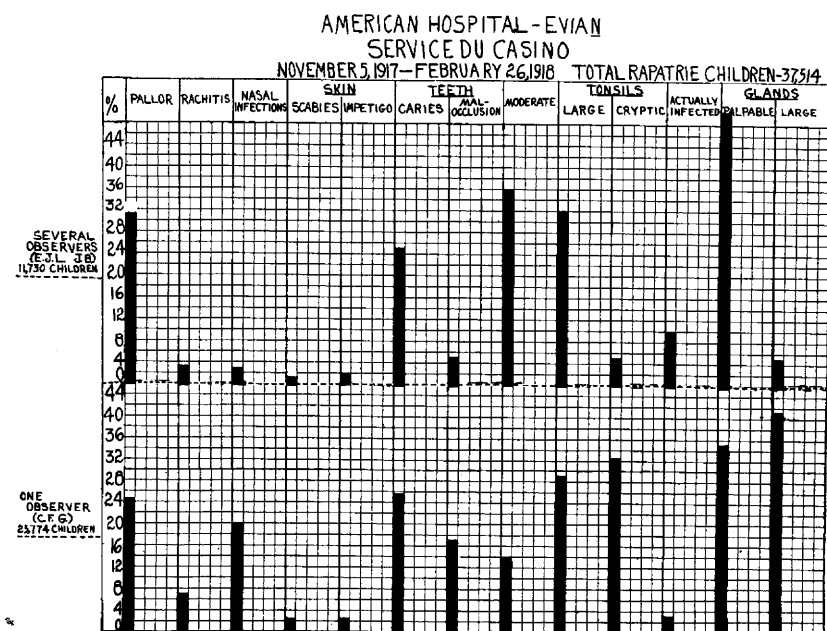


Chart 4.—Graphic summary of the conditions and diseases observed in children at the American Hospital. The number of repatriated children examined totaled 37,514.

#### MEDICAL CONDITIONS ENCOUNTERED

Insofar as the medical data which are encountered in this service are concerned Charts 3 and 4 explain conditions as we find them better than words. The examinations of the children as they pass are necessarily superficial, but serve, from the public health standpoint, equally well as a more complete one. And it is the public health, the preventive medicine situation, which is our main problem. From the side of individual medicine, of course, much more could be done, but that must be left to the departmental workers among the *repatriés* when they reach their ultimate destinations. What is accomplished at

Evian for the child himself individually is done over and above the primary problems and always against many difficulties. It is an axiom in this service that "a person able to travel must move on with the convoy." He must wait for his cure. It is only those too ill to travel or dangerous to others who may be allowed to occupy space in Evian. Thus is our problem limited. Perfection in the organization, however, is progressing, and with that improvement come increased possibilities for other lines of endeavor. Certainly the Red Cross is doing a valuable service and in such a way that friendly relations are promoted, an actual need filled, a missing cog replaced without friction in an existing French organization. This is one of the main aims of the American Red Cross—we hope at Evian to have that an accomplished fact.

In conclusion, may I state the definite thanks due to the various members of the American staff who have made our success a real one? Without Mr. William C. Stevenson of Pittsburgh, who has accomplished the actual installation of the hospital, whose active cooperation has always been so ready and willing in this difficult situation, failure would certainly have resulted. Also to the medical staff, some who have only remained a short time, but with definite service—Capt. Marshall Pease, M. R. C., U. S. Army, of New York, Dr. Edmund Labbé of Portland—but especially the Drs. Florence and Dorothy Child of Philadelphia, whose adherence to a necessary duty has been an example of willingness to serve rather than to gain well worth emulating. The daily sacrifice of the nursing profession is much the same in peace or in war. Certainly an exhibition of this service has been seen these past months in one of its most admirable forms. Actively cooperating with the medical staff in an appreciation of the problem and its responsibilities, the nursing personnel under Miss Helen Bigelow of Boston has made our work possible.